The Canadian Nurse

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THE MONTREAL TYPHOID EPIDEMIC.

We are apt to think of the days, when we read the Arabian Nights, when we believed in fairies, in Santa Claus, in love, and in chivalry, as days of the unreal, the unpractical, and the mythical, but the past few weeks we have had demonstrated to us, in that very practical city of Montreal, through the establishment of the Emergency Hospital there, that all those beautiful and mythical ideas of our golden days have not vanished, but are still with us, clothed in a form which makes them more beautiful. It is the twentieth century which has brought us nearer that goal, where the ideal imbues the practical, the practical the ideal, and where the true, the honest, the just, the pure and the lovely are the things on which we know it is well to think.

Montreal is just recovering from a typhoid epidemic—an epidemic which was alarming, because it seemed loath to abate and because so many very poor people were to be exposed to more suffering and want, than it seemed possible for them to bear. There were some three thousand cases in the city, and many new cases were being reported daily. The hospitals could not take in any more patients—which meant that the new cases had to be cared for in their own homes—and most of those homes were poor, bare dwellings, overcrowded, unsanitary and badly ventilated. That was the problem the citizens had to face.

In those homes, the Victorian Order Nurses were looking after the sick, making the rooms as fresh, sweet and clean as possible, giving the treatment, insisting on precautions being observed, as far as practicable, and, by reporting to the Relief Committee of the Victorian Order of Nurses, procuring the necessaries in food, clothing and fuel for those who were in actual want. In one month the Victorian Order had 276 typhoid patients on their list, and though a great many of those patients were very ill, not one death was reported from among those cared for on the district.

But there were many patients needing constant attention, and the number of such was increasing to an alarming extent. It was suggested that an emergency hospital be opened, and the idea grew. An appeal to the City Council proved fruitless.

The suggestion, that an emergency hospital be started, followed by the assurance of the Committee and the District Superintendent of the Victorian Order that the Order would attend to the nursing in the hospital, was launched forth on a Friday; on Saturday, some fifteen interested and practical citizens met, and before the meeting adjourned the Typhoid Emergency Hospital was practically a reality. The building—a large factory on Aqueduct street,

belonging to the Northern Electric Co.—had been given, the beds, other furniture, hospital supplies, linen, groceries, etc., had all been donated, cartage, plumbing, cleaning, renovating, etc., had all been promised, donations in money began to come in and bands of voluntary workers were organized. Miss Macdonald, a Johns Hopkins Hospital graduate, volunteered her services free during the epidemic, and was put in charge of the hospital, and Miss Lynch was mustering an extra staff of trained nurses to serve under the Order.

And Sunday, what a scene! At the mess, the night before, Colonel Burland had told the men about the hospital and asked for volunteers to help clean, renovate and whitewash the interior. Every man present volunteered, and eight o'clock Sunday morning saw a goodly band of workers from the Prince of Wales Fusiliers, and the Victoria Rifles, hard at their labors, cleaning, spraying, whitewashing walls and ceilings, and a splendid sight it was to see the burly fellows, all black and grimy, while they worked away that fine Sabbath day, and as night came on, their places were taken by another squad, who worked all night. Meanwhile, sinks and faucets were put in, where needed, partitions raised here and there, while each space was assigned to its particular use, the building was wired, electric lights and fixtures, ranges and gas equipment were put in, beds were made up, and behold, by Tuesday morning the Emergency Hospital stood ready to receive typhoid patients, and to give them the best care that science, skill and humanity can bestow.

The patients kept coming in, the staff was increased, and the voluntary workers showed their worth by the quiet way they went about their duties, doing those many little things which are so essential in a hospital, but which do not require a trained nurse. And the ladies, how well and cheerfully they plied the needle, while the piles of sheets, pillow cases, towels, gowns, etc., grew until the linen closet was well supplied with everything necessary in that line for a long time to come. Later on, a handsome sterilizer, large enough to disinfect bedsteads, mattresses, etc., was installed in the basement, from the Angus shops.

The first day twelve patients were admitted, and a week later there were one hundred patients being cared for in the hospital. Forty-one nurses were on duty, all chosen by the District Superintendent of the Order, Miss Lynch. The St. Andrew's Home are putting up all the extra nurses—some twenty or more—for nothing.

And, the work is not over yet. Those patients come from very poor homes, and when they are convalescent they will need to rest and get back their strength, and for that good, nourishing food will be needed, and if the patients are the bread-winners their families will have to be looked after until they are able to take up their work again. It is to meet these needs that the Relief Society is working. This is a splendid body of men and women who are making every effort to collect enough in money and in kind to help these people over this hard spot. When employment is wanted this society will help the workers find it. A card-catalogue is kept of every needy case reported, with particulars. Each family, so reported, is given in charge of one of the relief workers, is visited, studied and help given to suit the particular needs.

There are now over seventy nurses working under the Victorian Order in Montreal—in the hospital and in the district.

When the work done during the epidemic is reviewed in its full extent, we cannot fail to have the most unbounded admiration for the splendid way in which it has been handled. The hearty co-operation of the citizens, the doctors, the nurses, the charity organizations and the churches, alone made such a herculean task possible and when we walk through the hospital, where everything is going along like clock-work, see the long rows of beds, with the fever stricken in them, see the nurses in their fresh, neat uniforms, caring for them, the voluntary workers, doing their part of the tasks, and then hear the story of how quickly this was all brought about—Saturday, the dust-laden factory; Tuesday, a clean, well-equipped hospital, with every appliance at hand to bring back the sick to health and vigor—truly, we think, we are not very far away from those things which delighted us in years gone by, as we pored over the Arabian Nights. It is all very wonderful, very beautiful, very inspiring.

But, meantime, the City Fathers slept on; disturb not their dreams!

MARY ARD. MACKENZIE.

Ottawa, February 1, 1910.

THE CONGRESS RECALLED.

It was with deep satisfaction and keen expectation we assembled in the large hall, Church House, Westminster, on the morning of July 19th to listen to the address of welcome, the reports of the Federated Councils, and in our turn to be affiliated with the International Council of Nurses. The keynote of the whole Congress seemed to me to be advancement—a higher standard of nursing education, State registration, and a constant moving forward to better things in all branches of our profession.

The address of welcome by Mrs. Bedford Fenwick was inspiring and closed with the watchword for the next Triennial Period—Life—Life in its depth, variety and majesty, a very sweet and precious gift—Life, of which we do well to gauge the value of single minutes. The mere passing of time is not life. It has been written: "To eat and drink and sleep—to be exposed to the darkness and the light; to pace round the mill of habit and turn the wheel of wealth; to make reason our bookkeeper, and convert thought into an implement of trade, this is not life. In all this but a poor fraction of the consciousness of humanity is awakened, and the sanctities still slumber which make it most worth while to be."

Many of the papers read at the different sessions have already appeared in the Canadian Nurse, but there is one of which I have seen nothing but passing mention, viz.: "The Care of the Body After Death," by the Rev. E. F. Russell, Chaplain-General of the Guild of St. Barnabas for Nurses. Mr. Russell pointed out the many improvements which might be made in our hospital mortuaries and public morgues. We all know too well how bare and cold such places are,

and in many cases most gruesome. Surely the body which God created should receive due and proper respect after death as well as before, and should we not try to make the places where the bodies are kept awaiting burial less horrifying to the friends. Nothing unnecessary need be done, but enough to make for respect and reverence. A simple bier with pillow and pall would be a great improvement. And there is seldom a time in a hospital when there are not a few flowers to be had which might be used on such an occasion, and we would hear a remark I overheard once, more frequently, 'I was afraid to go for fear she would look so cold and terrible, but nurse had put some flowers about and made her beautiful.' "

There was a beautiful mortuary exhibit at the Nursing Exhibition, which we hope will be the means of reform in many hospital mortuaries throughout the world.

The papers on "The Care of the Insane" were also very interesting and instructive, and that of Mrs. Kinnicutte, a member of one of the Boards for the Care of the Insane in South New York, showed how very much kindness meant to these patients. She told us of one visit she paid to an insane asylum one very hot July. In speaking to a patient in whom she was specially interested, she said: "I've been thinking of you during these hot days and am afraid you have found them very trying," and the reply was, "It has been very bad and I have suffered a great deal." In August the heat was even more intense, and during Mrs. Kinnicutte's second visit to the patient she found her cheerful and bright. On saying to her that she was afraid to ask how she had stood the heat Mrs. Kinnicutte received the reply: "Oh, I did not feel it at all." "But," Mrs. Kinnicutte said, "this month has been much worse than last." "Oh, yes; but if you remember, you said you thought of me every time it was hot, and no one had said that to me for so long; it has made me happy the whole month, for the hotter it was the oftener I knew you were thinking about me."

Every session of the Congress was a most delightful treat and it was a very great privilege to have been permitted to be present.

Of the hospitality accorded us in so overwhelmingly gracious a manner we cannot say too much. Each one of the Committee seemed to vie with the other in doing her utmost to make our visit happy, but to Mrs. Spencer, who was known as the Fairy Godmother of the Congress, we feel we owe a special debt of gratitude for her unfailing kindness.

Mr. and Mrs. Whitelaw Reid entertained us very kindly at a reception at Dorchester House, where its splendid interior, exquisite decorations, beautiful old pictures, furniture and works of art were greatly admired. The scene was very gay, and every one of the 600 guests was made to feel welcome and happy.

The following day the Lord Mayor of London and the Lady Mayoress received us most graciously at the Mansion House. The Egyptian Hall, with its magnificent pillars and stained glass windows, where refreshments were served, blazed with gold plate, beautiful banners and shimmering lights. Here again beautiful flowers and delightful music added to the gaiety of the gathering and the scene was most animated.

The banquet at the Gaiety Restaurant stands out as most brilliant and inspiring of all the charming reunions of the Congress. Never before have distinguished nurses of so many nationalities met together in social intercourse, and the harmony of thought and purpose which united them is proof of the great future which lies before the Federation of the Nurses of the World.

Thanks to the kind personal interest of His Majesty King Edward, Saturday, July 24th, will long be remembered by all those who were fortunate enough to be guests at Windsor Castle, but chiefly will it be looked back to as the crowning joy of the Congress by those who were so greatly honored as to be of the party admitted to Frogmore. By the gracious permission of our King it was our high privilege to place a wreath on the tomb of our late beloved Queen, and I am sure I voice the sentiments of those who were present when I say it was a most grand and solemn occasion.

When we arrived at Windsor station the Canadian nurses were grouped about the wreath and photographed, copies of this photograph have appeared in the British Journal of Nursing and the Canadian Nurse. The foundation of the wreath was composed of gorgeous purple stock, fringed with lilies of the valley, decorated with the choicest blooms of deep mauve orchids, stephanotis, purple iris and Canadian maple leaves. The combination was exquisite and consisted of the Queen's favorite flowers. The inscription was painted in gold on deep mauve satin ribbon, and read: "In loyal, loving and tender memory of our Empress Queen Victoria. An offering of heartfelt homage and undying devotion from the Canadian National Association of Trained Nurses."

Carriages conveyed fifteen of us to the mausoleum, where we were received by an official of the Royal Household. As we stood at the foot of the tomb Miss Snively placed the wreath and read the address.

After viewing the top of the tomb we were shown the statues, paintings, etc. The mausoleum is eighty feet long and seventy feet broad and is built of Portland stone. It was consecrated to the memory of the Prince Consort, whose remains were removed to it on December 18th, 1862, and inscribed by Queen Victoria in these words: "His mourning widow, Victoria, the Queen, directed that all that is mortal of Prince Albert be placed in this sepulchre, A.D. 1862. Farewell, beloved! Here at last I shall rest with thee and with thee in Christ shall rise again!"

The floor and walls are of coloured marbles beautifully inlaid. On either side are famous pictures of the Crucifixion and Entombment, while one of the Resurrection is over the altar, and directly beneath a beautiful stained glass window placed there by the King in memory of the Empress Frederic. Magnificent statues of the prophets and ancient kings adorn the niches—Isaiah, Daniel, David and Solomon, with paintings in the spaces above them. The texts around the walls read: "O Death, where is thy sting? O Grave, where is thy victory? But thanks be to God who giveth us the victory through our Lord Jesus Christ." "To Him that overcometh will I grant to sit with me on my throne." "They that be wise shall shine as the firmament of Heaven." "The liberal deviseth liberal things, and by liberal things shall he stand."

The body of the Prince is contained in a sarcophagus of Aberdeen granite

weighing nine tons, supported by a block of black marble given specially for the purpose by the King of the Belgians. On the top lies the figure of the Prince, sculptured by Baron Marochetti, and alongside the figure of Queen Victoria in life-like replica—in sculptured robes of state. The cast of her effigy was made at the same time as that of the Prince, so that the figures might appear of the same age. Over the tomb are suspended their banners which hung together in St. George's Chapel by the Queen's request until her death, covering a period of sixty years. A banner belonging to a Knight of the Garter is removed from its position in the Chapel at death.

In the alcove to the left of the entrance is a monumental tomb erected by the Queen to the late Princess Alice, who died of diphtheria in 1878, contracted by kissing her dying child.

When we left the mausoleum carriages conveyed us to the Castle, where we joined the other members of the party.

Before leaving Windsor a telegram was sent to the Lord Chamberlain conveying the gratitude of the Canadian National Association of Trained Nurses for the privilege granted to its members by His Majesty the King—and just before leaving for Toronto Miss Snively received a letter from Buckingham Palace thanking us for the address and the touching words used in regard to Queen Victoria, also assuring us of the pleasure the King had in granting us permission to visit the mausoleum.

Special facilities having been granted by the King, Mr. Miles, the Inspector of Windsor Castle, conducted us through St. George's Chapel, the Albert Memorial Chapel, and the magnificent State apartments to the private grounds. Here we walked across the lawns of the beautiful park which were covered with small white daisies, past Frogmore House, and the mausoleum which we had so lately visited, into the splendid private gardens where there was such a magnificent wealth of bloom. Then conservatories were thrown open and loud was the praise of the faultless splendour of their contents. At the Albert Gate drags were waiting to convey the 200 guests so kindly invited by Miss Tomlinson to tea in the garden of Eton Sanatorium, and afterwards several visited Eton College, which was most interesting, both as regards the ancient architecture and as being the school of so many of England's greatest statesmen. Before leaving for London the following telegram was sent to the Lord Chamberlain: "The 414 members of the International Council of Nurses visiting Windsor Castle to-day beg His Majesty the King to accept their humble thanks for so graciously granting them special facilities to view the Castle and grounds."

And so ended one of the happiest gatherings in the world of nurses. When we arrived at Paddington station many farewells were spoken with regret, and we took our way to our different lodgings or to the houses of friends with feelings of sadness that the week we had looked forward to with so much pleasure was a thing of the past, but also with the knowledge that we had learned a very great deal and made many new friends.

Montreal. Helen A. DesBrisay.

INTERESTING DEVELOPMENTS IN NURSING EDUCATION.

I am sure the readers of the Canadian Nurse will be interested in the gift of Mrs. H. H. Jenkins, who has presented to Teachers College, Columbia University, an endowment fund for the support of a post-graduate school for teacher nurses, who will carry the theory and practice of hygienic living into schools, homes, factories, stores and communities. Mrs. Helen Hartley Jenkins is a granddaughter of the late Marcellus Hartley. The amount of the gift, which was announced by Dean James E. Russell of Teachers College, was not made public, but it is believed that it amounts to several hundred thousand dollars.

The school will be the first institution of the kind to be established in this country, and its direction, it is said, will be largely in the hands of Miss Adelaide Nutting, Professor of Hospital Economics in Teachers College, a former Superintendent of the Johns Hopkins Training School for Nurses in Baltimore.

Miss Lillian D. Wald, head worker of the Henry Street Settlement, is one of the prominent women who are deeply interested in the work which Mrs. Jenkins' munificence now makes possible. In a statement issued by Miss Wald last night it was said that "the nursing profession was overwhelmed by the size of the gift."

Dean Russell says: "Teachers College is about to inaugurate, through its new School of Household Arts, a public service movement of large promise. In brief, the college plans to train a body of teacher-nurses to carry the theory and practice of physical welfare for children and of hygienic living in general into homes, schools and communities. Through the munificence of Mrs. Helen Hartley Jenkins an endowment has been provided for instruction in the science and art of hygienic living, with the special object of training women for public service as visiting nurses in home and school, teachers in farmers' institutes, and sanitary experts in the training of children in city and county.

"The School of Household Arts now provides specialized instruction in chemistry and physiology, bacteriology and hygiene, foods and nutrition, and in household management and economy. The Department of Physical Education has always directed its instruction and investigation toward the entire physical welfare of the child. And the college has for ten years, in co-operation with the American Association of Superintendents of Training Schools for Nurses, maintained a Department of Hospital Economy preparing teachers and officers for nurses' training schools.

"The new department will co-operate with all of these departments in extending its work in the new direction. The first courses will prepare graduate nurses to become visiting teachers in the care of children and the guidance of mothers in social service as is carried on by the Nurses' Settlement under the direction of Miss Lillian D. Wald.

"Immediately, also, courses will be arranged to meet the large and growing demand for especially trained nurses as officers in public school systems. The need of social settlements, farmers' institutes, civic associations, health boards and city governments for similarly trained teaching nurses will next

be met. And, finally, the endowment makes provision for the training not only of public teachers, but of advanced investigators and experts in the field.

"The whole movement, which will be organized by the trustees of the college at their next meeting, is full of promise for home, school and community."

"I am placed in an embarrassing position," Miss Wald in her statement said, "when I cannot give out the amount of the gift. However, it is so substantial in amount that were it in the legacy of a very wealthy person it would be a matter of note. It is sufficient to almost overwhelm the nursing profession, and it is the first time in the history of the nursing profession when an educational institution has been endowed to give post-graduate training to nurses.

"The gift is most timely because of the great demand for social workers. This demand has come upon us quite suddenly, the result being that the profession is not ready with the sufficient number of qualified women to answer the calls that come to us.

"It was because I was continually receiving requests for social workers from all over the country and Europe that I suggested to Mrs. Jenkins, at the latter's request for advice regarding the use of this sum, that such a school should be established in connection with Teachers College.

"In showing that the demand for social nurses is recent, the fact is cited that the first city school for nursing was established in New York in 1902. There are now 144 school nurses employed by the Board of Education, and the staff of tuberculosis nurses is about to be increased to 150. Tuberculosis work is now carried on in twenty-five other cities, and school nursing in twenty-four others.

"In addition to these there are nurses employed to gather statistics in infant mortality, for milk inspection, follow up work of the hospitals, social welfare work in factories and stores, and various other similar services. It simply amounts to the community clamouring for nurses to do this work, because their training and experience qualify them for it.

"The settlements' contribution to the course will be a thoroughly arranged course of actual work; that is, the college will furnish the theory and we the work. The actual work will be carefully supervised, and will be to the college what the hospital is to the medical institution. Both departments of the course will be elaborately worked out.

"The School of Philanthropy will doubtless co-operate with the college.

"The gift itself has been appropriately granted to Teachers College, because of the course in hospital economics already established there under the direction of Miss Adelaide Nutting. Miss Nutting was before coming to Teachers College Superintendent of the Johns Hopkins Training School for Nurses, succeeding in that position Mrs. Isabelle Hampton Robb, its founder, continuing Mrs. Robb's splendid work until the school became the foremost of its kind in the world.

"The gift will give Miss Nutting perfect freedom in the development of

her plans, and as an institution it will splendidly round out the educational opportunities for nurses."

Mrs. Jenkins is the widow of the late George Jenkins. Marcellus Hartley Dodge, donor of Hartley Hall, Columbia University, is her nephew. She is a member of the Board of Directors of Columbia University. Her city home is at 232 Madison avenue.—New York Times.

In the annals of the profession this day will be marked with a "true white stone," for, as Miss Wald says, "it is the first time in the history of nursing when an educational institution has been endowed to give post-graduate training to nurses." This gift, like many recent endowments and bequests, indicates the trend of the new philanthropy as well as the new public health movement. The slogan of the tuberculosis tract: "Avoidable—preventable—curable," might almost be applied to the diseases which afflict society, as well as many other purely physical disabilities. The emphasis is changing from palliative measures to preventative, and reliance is placed not so much on the drug and the dole, as on the improvement of working and living conditions and the education of the mothers and fathers, but more particularly the children, in the "science and art of hygienic living."

As the "Survey" points out, it is because there has been no adequate training in this new science of public health, to fill the rapidly growing demand for officials of health departments, inspectors of tenements and factories, district visitors, etc., that the trained nurse has been so generally pressed into the service. She has at least some konwledge of disease, and her hospital experience has given her a well-trained eye and hand, and a capacity for "doing things" which has made her most acceptable in the ranks of social workers. She does, however, lack the fundamental knowledge of social and industrial and economic principles and conditions, which she needs to illuminate and vitalize her practical work, and she feels the lack of a more thorough grounding in the scientific principles which underlie the problems of sanitation, of housing and nutrition, and household economy. Since her work must be largely educational, she ought also to understand the principles of teaching, so that she may make her message attractive and effective with the children and the people of the streets and factories and tenements among whom she works.

All these phases of both theoretical and practical preparation will be considered in the course, which will open in September, 1910, at Teachers College, Columbia University. As Dean Russell says: "It is indeed a public service movement of large promise for home, school and community."

Although the gift was originally devoted to the development of this social side of nursing work, it has been extended to cover the whole department of nursing education which has formerly been known as the Department of Hospital Economy. As most of your readers know, this course was originally designed to prepare superintendents for hospitals and training schools and teachers of nursing. It has done much already to foster the social interest among institutional nurses, and no doubt in including these students in their comprehensive plan Mrs. Jenkins and her committee realize fully the im-

portance of the socially awakened superintendent and teacher, in the training schools of the country. After all it is here that the future social nurses are to be trained, and though our hospitals are supposed to be philanthropic institutions, and the nursing profession often regarded as a kind of missionary enterprise, it is a sadly patent fact that both the institution and the professions connected with it are as much in need of "socializing" as the schools and the churches and the courts and all the other excellent and somewhat self-satisfied institutions who are identified with the same big problems.

The course in hospital economy had already broadened out along the line of an eight months' preparatory course designed to prepare pupils for entrance to hospital training schools. Bellevue has agreed to deduct six months from the length of training for any applicant who has completed this course, and it is hoped that other schools may in time consider the advantage of handing over this preliminary theoretical work to the college where teaching facilities are so much better than they could be in the average training school. Another interesting development of the year has been the extension of the administrative course into the practical field. Bellevue and allied hospitals has opened up all its varied housekeeping and nursing departments to students in their second year who wish to observe and qualify in executive work. The students reside in the home and receive all its privileges in return for their services—an arrangement which makes the second year much more possible to our students. This practical work satisfactorily accomplished counts equally with the theoretical work pursued in the college toward the diploma which is received at the end of the second year.

The teaching opportunities have also been enlarged this year by the opening up of a new practice field in a large hospital near the college. The students in the hospital economics' course undertake the teaching of anatomy and physiology in the preparatory course here as well as in the senior and junior classes of the Laura Franklin Children's Hospital.

It is particularly gratifying to the profession that this new course in social hygiene, or whatever it may be called, has been left so completely in the hands of two women, two working nurses, who so worthily represent the highest ideals of the profession: Miss Nutting, who as Superintendent of the Johns Hopkins Training School for Nurses, and Professor of Household Administration and Hospital Economy in Teachers College, has so fearlessly and so consistently stood for the higher educational training of nurses, and Miss Wald who, as head worker in the Henry Street Nurses' Settlement, has so unceasingly devoted herself to the public health and welfare and who has indeed initiated so many successful and far-reaching reforms, that she is acknowledged among philanthropists to be almost unerring in her social instinct.

The syllabus for this course will be published shortly and will be furnished to all who are interested, together with any special information which may be desired.

I. M. STEWART.

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NURSING IN CANADA.

The article, "How Skilled Nursing May be Supplied to People of Moderate Means," which appeared in December issue, is worthy of special consideration, for by it an effort has been made to advance a cause that should be of interest to every nurse. In response to a query for his opinion of a plan somewhat similar to Miss Burland's, a grand master of one of our fraternal societies recommended the plan, but on account of the vastness of the enterprise advised leaving its adoption to "the other fellow." Whether "other fellow" meant societies of nurses or other organizations, was not clearly understood.

Taking the plan and suggestions already presented in our magazine as a beginning, may we ask Canadian nurses for their opinion regarding it, and a few additional suggestions relating to it.

First—Will any nurse who is desirous of advancing this cause show her interest by a letter to "The Canadian Nurse" or by sending her name and address to the Editor?

Second—State in the above letter if you deem it possible to organize a society and issue policies covering the plan suggested, using life insurance companies and other societies only as a means of bringing the policy before the public.

Truly every great need will be supplied for He who guards our Universe neither slumbers nor sleeps and He also advances all work done in His name. That skilled nursing is needed by people in moderate circumstances throughout Canada is apparent to all, and that nurses are needed by all classes in Western Canada is evident to anyone who has travelled in the West and observed conditions. Readers of The Canadian Nurse were surely grateful to our editor for the delightful description of her Western trip; as we followed her course from Winnipeg to the Coast we visited points where hospitals and nurses have existed for some time, consequently, work is better organized and the supply of nurses meets the demand. There are places in the West, however, where hospitals and hospital work are in their infancy, and nurses can only be supplied from outside points at great inconvenience and expense. It is necessary for one to visit the West in person, not through the press, in order to appreciate the vastness of territory, and the almost limitless opportunities that are waiting, not only for nurses but for all workers. Any description that has been given of the wheat belt of Canada weakly portrays what the country really is. When for the first time mile after mile of standing grain and unbroken prairie appear before the actual vision, then and not until then, are we filled with the meaning of those lines,

> "These are the unshorn fields, boundless and beautiful,
> For which the speech of England has no name."

As we look over the reports of our work that have come to us from time to time during the year, there is much that is gratifying, but it is a well-known fact that reports are not always infallible, actual conditions being known only to those in close contact with the work.

That statistics and annual reports are too often substituted for work performed, is without doubt a sad feature in connection with any work, but this is especially pitiable in relation to the care of the sick or afflicted. False or erring reports are unpardonable at all times and that worthy efforts are often hidden beneath them does not justify our upholding them.

It could be of no personal benefit to a nurse to observe or chronicle disagreeable facts. The power of observation, quickened by training, together with the privilege of going where duty calls, enables a nurse to realize to some extent where we stand in relation to our work and its advancement. There must be times when even the unobserving, if such exist, are forced to note our need of registration; parallel with that and even greater are other needs, skilled nursing for the man of moderate means being one, while to some minds, a greater than either is our need of a higher standard of education to be observed by training schools, and last, but by no means least, comes a need of recognized qualifications for superintendents of hospitals and instruction of nurses. It has been rightly stated that "all good nurses do not make good superintendents or teachers of nurses," which fact is often too apparent, especially where schools are being organized. The demand for women of ability to take charge of the hospitals springing into existence in Western Canada is almost equal to the demand for nurses to do private duty, constant and visiting, and it is surely of paramount importance, for are not to-day's pupil nurses, to-morrow's graduates, and whereas the latter need is to-day insufficiently met, the former will never be adequately supplied while responsible positions are filled at haphazard from chance applications, there being at present no special attainments for education of nurses, and the ability to teach, alas, being taken for granted. These statements to some may appear rather decided, but conditions as they exist to-day require not only decided speaking but prompt action, if we are to advance or even maintain our present standard.

In Ontario registration for nurses is receiving considerable attention, and as organizations are well established there, the task may be easy. But nursing conditions all over Canada should be of interest to all nurses. The Dominion Government has not as yet been approached in regard to registration, but surely if Canadian nurses situated in the different Provinces, unite their efforts and succeed in supplying skilled nursing to more of the population the Canadian Government will not refuse to recognize and support a measure that would protect the rights, not only of the profession, but also of the people.

M. A. GIBSON.

Saskatoon, Saskatchewan.

MEDICAL INSPECTION OF SCHOOLS.

**Extracts from address on Medical Inspection of Schools given before the Alumnæ Association, Toronto General Hospital, by Mrs. Archibald M. Huestis, Toronto Local Council of Women.*

When one is vitally interested in a movement it is always a delight to enlarge upon views very near the heart, and in face of the figures of cases of diphtheria, numbering 1,292, and scarlet fever, 1,564, in our city in the year just closed, the need existing urges your speaker on to action.

Medical inspection of schools is nothing new, as "it is conducted as a national movement in France, England, Belgium, Sweden, Switzerland, Bulgaria, Japan, and the Argentine Republic. In Germany and the United States it is found in many of the cities. In some of these countries its scope is very wide indeed. In some thirty cities of Germany free dental work is included in medical inspection. The new English national law provides for thorough work, looking not only to the detection of contagious disease, but including also a complete physical examination at stated intervals." Sweden as early as 1868 had Medical Examiners attached to all their school staffs.

This inspection is nothing new, having been established in France in 1833, England later, Boston in 1894, and New York in 1897. Therefore it has been tried, and proved, and not found wanting. True, objections have been raised to the way some of the Inspectors have gone about their work, but to the vital subject itself no objection can be raised—save expense. In time other Governments have been brought to see the economic value of saving their boys and girls, and when this work, or need, is brought to the attention of our own authorities, I feel sure they will not be slow to see its advantages. In England to-day a movement is on foot whereby the Government hope to lower that appalling death rate of 120,000 babies in one year, by supplying milk to those in need, and the mover in so many words says: "We should see that the children were 'well born' in the natural sense of the words—that the mother had good air, good water, good housing, ease, and a certain amount of leisure, and all the conditions that give comfort and health; and then that the child should be well nourished and dealt with from the earliest moments." And the question comes, how to deal wisely with them.

The Welfare Committee of the Household Economic Association hopes ere long to open pure milk depots, where mothers can secure the best milk obtainable at a nominal cost, and hope the day is not far distant when 3-cent lunches will be served in our Public schools, as is done in New York; as the child of the working mother has little chance of much nourishment at noon hour, and soon may the need of school baths be recognized by those in authority.

"As the aim of an education must ever be the development of the fullest and soundest mental, moral and physical life of which the individual is capable," so it has been recognized within recent years that the inspection means that the pupil and not the educational system only is being considered, and its objects embrace a two-fold measure, first to reveal and correct unsanitary conditions existing in the schools, and secondly to detect disease, especially of a contagious or infectious character. The value of inspection shows itself along numerous lines, affecting the condition not only of the child, but also of the

teacher, the parents, and the community at large. It has proven, where tried, to be an important factor in the education of children, and especially the parents, in matters relating to personal and home hygiene, and it has directed the attention of Health and School Boards to improvements and reforms which before had not attracted attention." While one acknowledges that it is a delicate matter to dictate to parents about the care their children need, still after a little thought on the part of the parents it has been proven that they have taken kindly to the inspection.

Already elementary teaching is given in hygiene, and that most helpful of all subjects, domestic science. These things must impress the girls, who will be the mothers of the next generation. But in the meantime, daily we see children undersized, fed, but oftimes not nourished. And what is at the bottom of it all? Ignorance. "The appalling ignorance of most of the poorer classes in the great cities is a sufficient proof of the utter inadequacy of the system under which they were educated. Every friend of the poor knows by painful experience how oblivious they are of the first principles of cleanliness, of health, of domestic economy, of the nurture of children. They have no conception of the value of fresh air, of the qualities of food, of the art of cookery." Medical inspection would help in a great measure to overcome these difficulties. Personal cleanliness would then be insisted upon, under fear of severe censure, if not of being temporarily expelled, until the law in these hygienic matters could be obeyed.

Take the immigrant class coming almost daily to our shores and their offspring crowding into our schools. Dr. Sheard says at the rate of 5,000 a year in Toronto. Whence came they, and out of what surroundings? In many European countries constantly under Government supervision, like so many children. Here these restraints are cast aside—air free, and thoughts and ideas equally so, and just go as you please, provided you do not too glaringly offend the Board of Health or the Children's Aid Society, or the Humane. Out of this comes much to be righted.

The movement for school inspection will stand the light of day, and the more attention you turn upon it, the more convinced will you become of its necessity.

When we consider the necessity, we naturally come to look at the good work that is accomplished when inspectors and nurses are employed. Among the first thing noticed by the expert coming into the school is the ventilation; then the height of the seats, which is a very important matter; the cleanliness of the drinking cups, and the purity, or otherwise, of the water supplied; state of toilets.

Dr. Charles Hodgetts, Secretary of the Provincial Board of Health, says:

"In considering the introduction of the system in this Province, the question naturally arises, what are the objections that could be raised, and what weight they carry in preventing its early adoption? They must be considered under two classes: those of the parent and of the teacher. To the former it may appear unnecessary, chiefly for the reason that all the dangers and disadvantages surrounding modern school life, together with their far-reaching effect upon the health and physique of the future men and women of our coun-

try, are not apparent to them, hence a campaign of education among the parents is necessary, and even when seized of all the facts, objections will still be strong on the ground of increasing cost, hence extra school rates. These must be met by statements showing the financial losses to the State, both on physical, mental and hygienic grounds, as also the great financial losses incurred by individuals and municipalities, for medical treatment of diseases, not to mention the loss and suffering caused by death.

"The objections raised by educationists and educational authorities are more difficult to deal with, but fortunately the pendulum of opinion is swinging in the right direction, and the prominent men in all civilized countries are strong advocates of this system. There can be no gainsaying the fact that the duties of the teacher and principal will be increased and it will require the teacher to devote some portion of his studies to the subject of hygiene, as related to the child and child-life, and the diseases incident thereto."

Toronto spent on her Isolation Hospital in 1909, $24,468, and could not much have been saved if preventive means were employed? The Sick Children's Hospital expended $15,000 on the free treatment of the Public school child in 1907. Look at the menace from tuberculosis alone. Twelve per cent. of all deaths in Canada are from this disease, and twenty-two cases were found a few years ago in our schools, and this when only a few schools were examined.

As to mental deficiency among the children in our schools, a report has been handed in by Mr. Hughes now, as to the numbers of this class receiving tuition, and we people are watching with much interest the medical report of the same, and looking towards the establishment of separate teaching for these unfortunates.

Let me quote from the Bureau of Municipal Research in New York, to show how wide this reform for medical inspection has become: "Through its inquiries of 358 cities in forty-two States and the District of Columbia, the Bureau of Municipal Research discovered that of all these cities, with a total population of 22,000,000, only 148 cities of 700,000 school children were making any attempt to discover transmissible diseases at school; 210 were inspecting such diseases, 227 were examining defective vision, 171 for breathing troubles, and 117 for bad teeth; 106 cities with a population of 3,200,000 have no examinations of any kind for their children. Only ninety-eight cities seek out and give special instructions to children found predisposed or already infected with tuberculosis. In fifty-six cities nurses take children to dispensaries or instruct parents at schoolhouses; forty-three cities send nurses from house to house; ninety-eight send out cards of instruction about tuberculosis, dental hygiene and diet to parents, while 147 cities have arranged special co-operation with dispensaries, hospitals and relief societies. Three years ago adenoid growths were almost unheard of among school teachers. To-day in 171 cities adenoids, hypertrophied tonsils, breathing defects, are seen to be a more serious matter to children's welfare and school progress than the contagious diseases of which people are more afraid.

Another work in the right direction is pursued by 117 cities taking an inventory of dental needs. Both child and parents are taught that decaying teeth mean bad health, bad looks and bad earning power. In some cities dental

clinics are organized in connection with societies for children, tooth brushes are given by schools, or the children are ordered to bring tooth brushes and are taught how to use them. In another direction through public discussions and scientific meetings dentists are persuaded to clean and fill teeth instead of extracting them."

Now as to the duties of the School Nurse, let me quote from an address by Leonard P. Ayres: "Indeed experience had proved, especially in the largest cities, where systems of medical inspection have been in operation some time, that the employment of competent school nurses is almost a necessity. This comes to light first in dealing with the cases of children who have been excluded for minor conagious diseases. A child who has been sent home, say for pediculosis, received no attention from his parents. After a few days' absence he returns to school in the same condition in which he left. This process may be repeated several times before the child is finally put into fit condition for resuming his school work. The result is that when he does return he is behind in his studies, and while he has been absent the city has been paying for his instruction and no instruction has been received. Such cases as this are typical and numerous. Again, there are many simple cases of minor ailments which, properly treated by the nurse in school, will not prevent the regular attendance of the child. Where such treatment is not possible they compel his temporary exclusion. In many other cases the school nurse, by visiting the home and conferring with the parents, secures treatment of some ailment by the family physician, which in the absence of such home visiting would be neglected."

Wherever they are employed the home visiting by the school nurses is recognized as one of the most important, if not the most important, feature of the whole system. Dr. H. W. Buckler, one of the medical inspectors of Baltimore, says that this feature of the work is the most efficacious in its direct results and the most far-reaching in its indirect influences. In the home the nurse has opportunities of detecting and correcting the causes that produce the trouble for which treatment was advised. Often entire families are found to be suffering from the same disease for which the child was excluded, showing how utterly useless the work in the school would be in such cases without the nurse to attack the root of the evil in the home. The nurse on her first visit explains why the child has been excluded and what has to be done, often giving a practical demonstration of the treatment needed. If the condition is one which calls for a physician's services, she urges upon the family the necessity of calling their regular doctor, or, in the case of very poor families, she often takes the child to the proper dispensary and sees that it gets the treatment required. The nurse's opporunities for advising the family are manifold, as are also her chances of noting unsanitary conditions and non-observance of the law and reporting the same to the proper authorities.

New York pays its nurses $75 per month and employs them for twelve months in the year. Boston pays the supervising nurse $924 for the first year, which is increased by an annual increment of $48 to a maximum of $1,116. The assistant nurses receive $648 per year and an annual increase of $48 until the maximum of $840 is reached. New Haven pays its nurse $600 per year.

To sum up the case for the school nurse, she is the teacher of the parents,

the pupils, the teachers, and the family in applied practical hygiene. Her work prevents loss of time on the part of the pupils and vastly reduces the number of exclusions for contagious diseases. She cures minor ailments in the school and furnishes efficient aid in emergencies. She gives practical demonstrations of required treatments in the home, often discovering there the source of the trouble, which, if undiscovered, would render useless the work of the medical inspector in the school. The school nurse is the most efficient possible link between the school and the home. Her work is immensely important in its direct results and very far-reaching in its indirect influences.

Association of Nursing Superintendents of India.

The Annual Conference of the Association of Nursing Superintendents of India took place in Agra on December 5, 1909. The session was held at the residence of Rev. J. T. Hay Kornkvats, principal of St. John's College, Mrs. Hay Kornkvats had kindly offered to arrange for the entertainment of the delegates, and the success of the conference is largely due to her untiring efforts and generous hospitality.

The Rev. T. Wynkopp, of Allahabad, opened the first session with prayer. In the absence of the President the Vice-President gave the opening address, followed by the report of the Secretary and Treasurer.

The following officers were elected for the ensuing year: President, Miss Lippett, Mayo Hospital, Lahore; Vice-President, Miss Creighton, Z.B.M. Mission Hospital, Jampur, N.T.; Secretary and Treasurer, Miss Thorpe, Civil Hospital, Belgann, Bombay. Miss Tindall, Cama and Allbless Hospital, Bombay, was elected on the Executive Committee. Ten new members have joined during the year.

During the conference the following papers were read and discussed: Provincial Training Schools in India, Miss Martin, St. Catherine Hospital, Cawnpore; Some Advantages of Joining the Trained Nurses' Associations of India, Miss Neill, St. George's Hospital, Bombay; Three Years' Training, Miss Tindall, Cama and Allbless Hospital, Bombay; Private Nurses and Private Nursing in India. Miss Davies, Chief Lady Superintendent Lady Minto's Indian Nursing Association; How to Obtain a Better Class of Indian Girls for Training, Is it Wise to Raise the Standard? Miss Creighton, Jampur Field Hospital, Palval.

A Provisional Constitution and By-laws were drawn up for the Trained Nurse Association of India, and arrangements were made to publish a monthly journal as the organ of both Associations. The first number of the journal will, it is hoped, by ready by February 1st. It will consist chiefly of the report of the conference. The journal will be edited by Mrs. E. H. Klotz, Allola, Berar, C.T., and Miss Thorpe, Civil Hospital, Belgann, will be its manager.

J. W. THORPE, Hon. Sec.

A FEW NOTES ON THE VISITING NURSES' ASSOCIATION OF CLEVELAND, OHIO

By Miss R. M. Cuthbertson, who worked for this Association during the Summer of 1909.

The Visiting Nurses' Association of Cleveland is supported mainly by private contributions, but the Board of Health employs and pays a number of trained nurses.

There is a board, a committee, president, vice-president, etc. Only fully graduated nurses are employed or those who have trained in a small hospital and have taken the equivalent in a post-graduate course. A nurse is first taken on three months probation at $50.00 per month, after which time if satisfactory the nurse is accepted and receives $60.00 per month. At the end of first year of service the nurse receives one month's vacation and on her return receives $70.00 per month.

Hours on duty are from 8 a.m. until 5 p.m. with one hour relieved at mid-day. She is allowed one afternoon each week, Sundays free; no night work, excepting in a very urgent case when a special nurse is put on the case, but day nurses are not ordinarily expected to do night work.

A nurse is supposed to spend not more than 45 minutes on each case, some do not require as long. She may be able to make three, four, or from ten to twelve visits in a day. Necessary car fare is supplied; aprons and outdoor hat and coat are supplied, but the nurse supplies her own uniforms, cuffs and collars. The aprons, cuffs and collars are laundered by the Association. The uniform is blue with a white cross on the left arm.

Each nurse has a station, which may be located in a drug store, settlement house or connected with some church. Most or all of the stations are supplied with a linen closet, medicine chest, writing desk, a place to keep all solutions, etc. The nurse is supplied with a bag with such necessities as may be required on her visits (these are issued from the head office to the stations). The head office receives donations of clothing, bedding, furniture, etc., and as found necessary by the nurse are made use of. These are distributed to the patients from the station in whatever district they may live. The nurse is expected to collect any fee that the people can pay and if they cannot pay they receive attention free, but this is carefully looked into. If a nurse is called to a case and finds that no doctor has seen the case she notifies the Board of Health and a city doctor calls on the patient shortly after the nurse has left. Again, if a nurse visits a case and finds that the child should have hospital or institution care she advises the parents to have the patient sent to some such place; there may be objection on the part of the parents as they being ignorant sometimes have a dread of their children being taken from their own care; the nurse must try her best to persuade that this is the best plan to follow.

When visiting a house the first time the nurse must look into the ventilation, sanitation, etc., of the dwelling and if these are not what they should be she must make a report to the Board of Health when a sanitary officer takes the matter up.

A great deal of the nurse's work is really teaching rather than actual work, as they find among the poorer districts great ignorance in cases of illness. This is especially so among the foreigners, who often have superstitions to overcome.

At the close of each day the nurse returns to her station and makes out a report, which is mailed to the head office and a copy of which she enters in a book, called a time book. These are kept as follows: Number of calls on old patients; number of calls on new patients; number of calls on patients who die; number of calls on patients sent to hospital; number of calls on patients to whom a doctor was sent; total visits in homes; working visits; instructive visits; friendly visits; miscellaneous visits; number of cases reported to Associated Charities; number of cases reported to Board of Board of Health; number of cases reported to Fresh Air Camp; number of cases reported to Hebrew Relief; number of cases reported to Humane Society; number of cases reported to Juvenile Court; number of cases reported to Police Department; number of cases reported to Probate Court; number of cases reported to Tuberculosis Dispensary; number of cases reported to Babies' Dispensary; number of cases reported to Maternity Dispensary; number of cases reported to Hospital Dispensary; number of cases given treatment at station; total time consumed by nurse in house visits, miscellaneous visits and at stations.

The Visiting Nurses' Association also makes visits to the schools. They examine the heads of children to see that they are kept clean and that no children with infection attend the schools. This summer one of the nurses was located in the tuberculosis colony at the Fresh Air Camp.

Last winter the Board of Health for the first time employed a number of the visiting nurses to look after infectious cases. During this work the nurse attended no other case. She might give a bath or maybe only instruction. She wore a gown before entering the house and disinfected herself before leaving.

The Babies' Dispensary employs a number of the visiting nurses. One nurse is kept busy at the dispensary while the others visit the different homes where the babies have come from. A nurse may have from two to three hundred babies on her list. The babies taken to the dispensary are supposed to be taken there before they are sick. The mothers are strongly advised to take their babies to the Babies' Dispensary as soon after birth as possible and the mother is taught how to care for and feed her child. Each baby taken to the dispensary is afterwards visited by a nurse until the child is from two to two and a half years of age.

The Babies' Dispensary supplies milk at the rate of six cents per quart to those who desire it among the needy poor. It comes from inspected cattle, is brought in cans to the dispensary and under the supervision of a trained nurse and Dr. Gurtenzburg, it is put into sterilized bottles; kept on the ice

until delivered. Also those wishing to have their baby's bottle prepared at the Babies' Dispensary can have the same done. The dispensary also supplies ice boxes for a deposit of fifty cents, which sum is returned to the holder when the box is returned. The box is about large enough to hold two pails with sawdust packed around them, and a cover fits tightly over the whole.

Mothers who are really unable to pay for the milk receive it free but cases are well investigated before milk is distributed without payment. The people must comply with the rules of the dispensary or they will not receive needed help.

This year some of the wealthy people of Cleveland gave the use of their beautiful grounds (large lawns). One man not only did this but he supplied a tent fitted with electricity, stove, beds and everything necessary for the use of the Babies' Dispensary, where the sick babies were sent and kept until well. There is also a large outdoor ward in connection with the Fresh Air Camp.

To the Editor of The Canadian Nurse:

Dear Madam,—Your kind letter with enclosure reached me this morning, for which many thanks. I am glad you liked the articles, but I had to write them on the steamer, and in consequence of my bad writing some of the names were not quite correct. Would you kindly see that the correction is made in the February number. The Rev. J. Antle is the promoter and chief of the Columbia Coast Mission; Mr. and Mrs. Corker are in charge of the C. M. S. Industrial School for Indians at Alert Bay; Dr. Harrington is the doctor at Rock Bay, and Keble the poet whose lines I quoted. It is so gratifying to know you have pleasant recollections of Victoria and Vancouver, and I am sure we all enjoyed your brief visit and felt edified and encouraged by your presence and helpful addresses. With kind regards and very best wishes for 1910, I remain in haste,

Yours sincerely,

Los Angeles. M. A. ELLISON.

Birth—At 203 John street north, Hamilton, on Friday, December 10th, Mrs. and Mr. Alfred Morris, a daughter. Mrs. Morris (nee Miss Nellie Hanham), graduate of the Hamilton City Hospital.

Married—On December 30, 1909, by the Rev. John Power, uncle of the bride, at her father's residence, Stroud, County of Simcoe, Miss Jean Wallace, to Dr. Frederick C. Bowman, of Duluth, Minn.

Death—On Friday, December 24, 1909, at the Hamilton City Hospital, Miss Margaret Hagyard, daughter of Thomas and Mrs. Hagyard, Scotch Block, Milton. Miss Hagyard was a graduate of the Hamilton City Hospital.

The Canadian representatives of the medical publications of the Oxford Press, England, are Messrs. D. T. McAinsh & Co. We regret that in our review of "Hogarth's Medical Inspection of Schools" the name of Messrs. McAinsh, as publishers of this valuable work, was omitted.

The Canadian Nurses' Association.

The regular monthly meeting of the Canadian Nurses' Association was held on Tuesday, January 4th, at 8 p.m. in the Medico-Chirurgical Society's rooms. In the absence of the President (Miss Baikie), Miss Colquhoun presided. The minutes of the last meeting were read and adopted. Five members were elected to membership and one candidate proposed. Owing to unavoidable circumstances Dr. H. D. Hamilton, the lecturer of the evening, was prevented from being present, which was rather a disappointment to those who had braved the elements, as it was a stormy night. As there are so many of our graduates in active service at present, owing to so much sickness in our city, the attendance was rather small, however a pleasant hour was spent and a social cup of coffee brought the meeting to a close.

A very pleasant tea was given by Miss Dunlop, The Coburg, Stanley street, for Miss Nellie Fortescue, who was on the eve of taking her departure for Winnipeg to be married to Mr. D. Traill. She will be greatly missed, as she always took a great interest in our C. N. A., and, in fact, was one of its charter members. However, our loss is somebody else's gain, therefore we have great pleasure in wishing Mr. and Mrs. Traill a very happy and prosperous new year.

The regular meeting of the Canadian Nurses' Association was held on Tuesday at 8 p.m., in the Medico-Chirurgical Society's rooms, Montreal. In the absence of the President Miss Colquhoun occupied the chair, and opened the meeting with prayer. The Minutes of the last meeting were read and adopted. One new member was voted in and two candidates proposed for membership. After the business of the Association was over those present had the pleasure of listening to a most interesting and instructive lecture given by Dr. Shirres on "The Care of the Nervous." The doctor urged upon the nurses to be optimists and not pessimists, as the former was most beneficial in the care of mental cases. He said the hopeful nurse who was always looking on the bright side of the disease was constantly (although the patient was unconscious of it) suggesting to him or her the possibility of recovery. Before closing the doctor related some interesting cases and gave the nurses good practical help and advice. A cordial vote of thanks was tendered Dr. Shirres for his very enjoyable lecture, after which refreshments were served and the meeting brought to a close.

GEORGIE H. COLLEY, Corresponding Secretary.

The subject which is undoubtedly receiving most attention at the present time is tuberculosis, and, in combating that disease, every branch of nursing comes into play; hospital, sanitorium, private and visiting nursing. The hospital is for the advanced cases, the sanitorium and visiting nursing for the curable cases. The possibilities of the visiting nurse in the care and cure of incipient cases of tuberculosis are unfolding themselves every day before our eyes. Dr. Pratt, of Boston, was the first to see the advantages of the class system in the care of tubercular patients, and to put it into practice. And, following out his suggestions, the first class in Canada was started in Montreal more than a year ago. This is appropriately named the Alpha Class, and is under the Victorian Order. The Emmanuel Church in Montreal pays part of the expenses of the nurse and provides the patients, when necessary, with milk and eggs, as well as with warm wraps, awnings, etc., for the open-air treatment.

In the class system curable cases are put together in a class, and promise to obey certain rules, set down for their treatment. These rules include rules concerning open-air treatment, proper nourishment, rest and moderate exercise, as indicated, and precautionary measures to prevent the spread of the infection. The class is in charge of a doctor and a visiting nurse. The doctor meets and examines the patients with their records, so many times a week, giving advice and encouragement. The nurse attends the meetings of the class, visits the patients in their homes, advises and helps to provide them with means for sleeping out of doors, to procure proper nourishment, etc., and to see that the necessary precautions are taken to protect the other members of the families and the public generally from infection.

I spent a most interesting morning with the Alpha Class, which meets in the Royal Edward Institute, and, afterwards, visited the members in their own homes. There were some fifteen patients present, men and women, and a jollier group it would be hard to find. Each one brings his book with him, in which he has noted carefully time spent in the open air, exercise, food, bathing, cough, expectoration, temperature (morning and evening), visitors, etc., and it was surprising to see how neatly the books were kept and how faithfully everything was jotted down. As they come in the nurse meets them, weighs them and

takes temperature and pulse. These are duly recorded on the weight and temperature charts. She then goes through each record, making a note of loss or gain in weight, of increase or decrease in number of hours spent out of doors, and estimates the average gain or loss in weight for the whole class. All this information is ready for the doctor when he arrives, as well as the name of the one who has spent most time out of doors and the name of the one who has gained most in weight. These names are put up on the blackboard at the close of the class, and the ones who have thus been put on the roll of honor, for the day, are congratulated heartily. The competition among them is keen, but perfectly good-natured.

The doctor takes each patient aside, goes through his record, makes suggestions, advising, encouraging and admonishing. It was beautiful to see the manner in which the doctor handled the patients—gentle but firm, sympathetic and encouraging, not letting them dwell too much on the grave side, but "jollying" them along, for in that way only could he get the good results he does. The interest they take in each other, and the air of *bonhomie* pervading the whole class, was a revelation and a delight to me.

And, then, in their own homes, the ingenious devices resorted to, in order to enable them to sleep out of doors, are very interesting, and it is surprising with how little a really comfortable out-of-doors bedroom can be fitted up, and how conscientiously the patients will stay out in good weather and bad. They are put on their honor and the doctor and nurse trust them—that is enough.

The possibilities for good work in this field are many, and exceptional men and women are needed for it. For here, more, perhaps, than anywhere else, are needed whole-souled men and women, who bring a renewed spirit to each patient and give of themselves to those whose need is very great.

A post-graduate course in district nursing—four months—is given at one of the three training centres of the Order, at Ottawa, Montreal, or Toronto. For full information, apply to the Chief Superinendent, 578 Somerset Street, Ottawa, to the Montreal District Superintendent, 76 Mackay Street, Montreal, or to the Toronto District Superintendent, 206 Spadina Avenue, Toronto.

Many positions requiring nurses with superior qualifications and marked executive ability are filled from the ranks of the Victorian Order Nurses every year.

DR. OSLER'S LETTER.

Miss Snively has received the following kind letter from Dr. Osler:

Regius Professor of Medicine, Oxford.

January 17th, 1910.

Dear Miss Snively:—I see to-day by "The Canadian Nurse" that you are going to retire from the T. G. H. I would like to add my testimony and congratulations to those which you have already received. It must be a great satisfaction to you to feel that you have been able to do such splendid work for your profession. With congratulations and regards,

Sincerely yours,

WILLIAM OSLER.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

At the meetings of the Guild in Toronto, which are held on the last Monday of each month, very interesting addresses are given by the Chaplain. He has told how he used to look for God's revelation of Himself in the plagues and earthquakes. Now we seem to find Him more in the routine of life; in the fulfilment of His promise that seed time and harvest, etc., shall not fail. When God came on earth, it was to show us what He was like. All through His ministry He waged war on sickness, sorrow and death by healing the sick, comforting the sorrowful, and raising the dead.

It is not God's will that we should suffer. Why does sickness exist if God does not will it? Why does sin exist if God does not will it? Many worse things exist than sickness, such as the Messina or California earthquakes. God does not will them. Here we reach a mystery and we can only say "We do not know." Doctors, nurses, etc., are doing God's will in fighting disease and pain. How shall they do it? Just as God did.

1. With great tenderness and sympathy. The skilled nurse may easily become hard and mechanical. Love is the foundation of true nursing.

2. With all the skill possible. We cannot bring the skill God did, but nurses can learn so that their love and sympathy can be made practical and effective. We need both skill and love. Disease needs more than drugs. Kindness and cheerfulness go a long way in curing some diseases.

My Scallop Shell of Quiet

Elijah's Despair

Elijah's despair was partly due to mental and physical exhaustion; he had tired himself out, and consequently became dejected. A man of his high-strung temperament could not easily preserve a uniform consistency. His spiritual fatigue causes us no surprise.

No one can live at such high pressure without suffering a reaction both in mind and in body. It is well-nigh impossible to preserve our faith if our natures are exhausted.

It is one of the mysteries of life that we should at one time be lifted up in spirit, and feel life full of meaning and purpose, gladness and hope, and at another time be plunged in the deepest abyss of despair.

This is an experience which has a profound effect on our mental and spiritual life.

Our human nature is never satisfied. We are all convinced, more or less, that there is a something better and higher than that which we have attained, and after which we ought to put forth our best endeavors. Each one of us, as we look back upon our past life, must be conscious of our own unworthiness and imperfection, and that the Ideal we are pursuing is still far from us.

Now dissatisfaction with one's self, if it be a real spiritual discontent, and if it be accompanied by a real thirst for God, is worthy of praise, for the higher we aim, the deeper will be our dissatisfaction, and the more impassioned will be our desire for God and holiness. "As the hart panteth after the water-brooks, so panteth my soul after Thee, O God." But dissatisfaction with one's self, though praiseworthy, and a necessary condition of progress in the higher life, may enervate the will and weaken one's powers, if it does not incite us to devote ourselves to the service of God and our fellowmen.

There are many Christians who would become strong in will-power, and in the performance of duty, if they renounced the habit of thinking so much about their own weaknesses and gave themselves up to a more active life. "The working soul," it has been well said, "is a true spiritual hero armed with sanctified valor."—*Rev. A. B. Grant, Ecclesmachan.*

OFFICIAL DEPARTMENT.

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

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Editorial

THE CANADIAN NURSE PUBLISHING COMPANY.

The Editorial Board announce that they have made new and favorable arrangements with a company specially organized to undertake the publication of THE CANADIAN NURSE. It is hoped that subscribers will on account of all the work, at short notice, that this transfer has entailed, pardon the fact that this issue is not quite punctual. The Board cordially invites all the subscribers to co-operate with the new publishers and do all that they can to aid in the work and success of our own magazine. Business letters are to be addressed to The Canadian Nurse Publishing Company, 408 McKinnon Building, Toronto, and all other letters to the Editor of THE CANADIAN NURSE, 133 East Bloor Street, Toronto.

THE MONTREAL EMERGENCY HOSPITAL.

It was first thought of on Saturday night; there were notices read in all the churches on Sunday; on Monday morning full supplies and stores, and hosts of volunteer workers, poured in; and on Tuesday morning the first patients were admitted. The V. O. N. did nobly and so did the Committee of Management of the V. O. N. We learn from the press that the move was started by Lieut.-Col. Jeffrey Burland and several well-known philanthropists, and at once several offers of a building were made, that of the Bell Telephone Company of a vacant factory being accepted. The building was taken over the next morning, and since then almost everything needed to equip a hospital for upwards of 100 beds has been donated by various companies and business men there, while in addition $8,000 has already been subscribed in cash.

All New Year's Day the Committee in charge of the work was busy getting the arrangements for the new hospital under way, aided by a squad of volunteers from the Prince of Wales Fusiliers.

THE MAJESTY OF DEATH.

Our valued correspondent, Miss Des Brisay, of the Canadian Nurses' Association of Montreal, makes an important contribution to the present number. The article contains a reference with which THE CANADIAN NURSE is wholly in accord, in regard to the care of the dead. It would be a great advance if the suggestions made in the address were carried out. It is always a comfort and a relief in entering the morgue or autopsy room in the hospitals of religious communities, to see a cross, a crucifix, or even a candle, placed there out of regard and reverence for the dead. The suggestion is a proper and important one, and we hope our readers will remember it till the first opportunity arrives and then put it into practice.

EDITORIAL NOTES

ENGLAND.

Nurses' Needlework Guild.

The Guild now numbers 165 nurse members, and sends garments to twelve hospitals, one for each year of its existence. The conditions of membership are for nurses an annual contribution of sixpence and one garment, and for other ladies one shilling and one garment. This year there were 640 garments. All correspondence is to be addressed to Miss Laura Baker, The Nurses' Club, 35 Langham St. W.

The Death of Mother Frances.

There passed away on St. Cecilia's Day one of the most devoted of women, who was a life-long friend of Miss Florence Nightingale, and counted it her highest honor to follow in the steps of the heroine of the Crimea. We refer to Miss Frances Wilde, better known to many as Mother Frances. The thoughts of Miss Wilde were turned to nursing during the Crimean War, and she received her training at King's College Hospital. With others she was for a time one of a community of nurses under Mr. Mackonochie, many years Vicar of St. Alban's, Holborn, but in 1865 she left London to start a hospital in Paris founded by M. Galignani for English-speaking strangers. There for three years she carried on a most useful work, and relinquished it only in consequence of ill-health. On her recovery she rejoined the community at St. Alban's who had left the hospital and given themselves to religious life exclusively. After she had been associated with St. Paul's, Knightsbridge, for some years, she assisted in managing a school for girls which the Sisterhood established on their removal to Kensington; but the nursing vocation persisted in asserting itself, and at Kensington she prevailed upon the Superior of the Sisterhood to take an adjoining house and found a small hospital for incurable women. She was put in charge of this hospital, and soon added sick children, notably those afflicted with hip disease. In 1887 Miss Wilde became Superior, and in 1896 she was able to open a hospital for forty patients at Chiswick, where for the last thirteen years she cared alike for the bodies and the souls of all who entered the building. The late Bishop Creighton, who blessed the building at its opening, had the keenest appreciation of the devotion of Mother Frances, which has been shared by his successor in the See. On the day of the funeral the wheeled chairs of patients were conspicuous, and the corridor was lined with the sick and suffering, by whom she was beloved.—*The Nursing Mirror.*

IRELAND.

Irish Nursing Appointments.

The *British Medical Journal* states that a good deal of public attention has lately been drawn to the fact that at a recent election to fill the vacant post of lady superintendent to one of the Dublin clinical hospitals, an English lady was appointed, in spite of the fact that there were several Irish candidates in the field. One of the Irish papers in particular was especially scathing in its denunciation of the hospital in question, and went so far as to urge a discontinuance of the annual grant made to the hospital by the Corporation of Dub-

lin. It appears that out of a total number of twenty-five applicants a list of seven was selected, and that this number included two Irish ladies. These two, however, and also the remaining five, were selected, not because they were either English or Irish, but because they were regarded as the most suitable candidates. At the final election no question of nationality was considered, but the candidate who was regarded as the most eligible by the Board of Directors was chosen, although it was admitted that anyone on the selected list was capable of filling the post. Some of those who approve the action of the Board have suggested to its critics that their protest and threats may be quoted as a reason for not considering the claims of Irish women who may seek appointments outside their own country, and that if a system of protection against England is adopted in Ireland retaliation is only to be expected.

AUSTRALIA.

Registration.

The Australasian Nurses Journal, in reviewing the events of the year, says: The A. T. N. A., with its branches now in all the States of the Commonwealth with the exception of Victoria, where our sister association, the R. V. T. N. A., flourishes, numbers on its general and obstetric registers over 2,500 nurses. The position which the A. T. N. A. holds to-day in the nursing world of the Commonwealth is in no small way due to the work and wise counsel of the pioneers who formed this Association in the face of much indifference. Now the progress of the Association is assured by the loyalty of its members to the governing body, and with such behind it the future needs no thought.

The most important feature of the year's work is undoubtedly the holding of the first Conference of Delegates from all the State Councils. Not only by the discussion of matters of high importance for the future usefulness of the Association, but also by strengthening the bond of union between the various Councils, has the Conference proved of inestimable value to the Association.

In most of the States bills for the State registration of nurses have been considered by the various Parliaments in a form which for the most part upholds the standard of nursing. It is a matter of regret that the Commonwealth Parliament does not take steps to pass such a bill, so that laws for registration of nurses may be uniform in all the States. In New South Wales the forthcoming year will in all probability see State registration an accomplished fact, and there is every reason to trust in a form which shall have regard for the best interests of the general public and the nursing profession.

Till State registration exists in all the States our Association continues to conduct the necessary examinations of candidates for registration as trained nurses. That is now no small undertaking in itself, as is evidenced by the fact that 235 nurses have been examined recently, of whom 135 were in New South Wales.

It is comforting to view with the above increasing number of candidates for registration the new and widening fields for nursing which are being opened up all over the world. For instance, nurses are now being appointed to permanent positions in large factories and boarding schools. With these new avenues for nursing we can look forward to the future with all confidence.

Graduate Nurses' Association of Ontario.

President, Mrs. Mill Pellatt, 7 Wells street, Toronto; First Vice-President, Miss E. J. Deyman, 87 Victoria street south, Hamilton; Recording Secretary, Miss J. Stewart, 12 Selby street, Toronto; Corresponding Secretary, Miss E. Ross Greene, 418 Sumach street, Toronto; Treasurer, Miss Mary Gray, 505 Sherbourne street, Toronto. Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Miss K. Mathieson, Isolation Hospital, Toronto; Miss Donnelly, 608 Church street, Toronto; Miss E. Muldrew, 10 Roxborough street west, Toronto; Miss E. Rogers, Palmerston Boulevard, Toronto; Miss M. Barnard, 608 Clinton street, Toronto; Miss M. Kennedy, 1 Lakeview avenue, Toronto; Miss J. Neilson, 295 Carlton street, Toronto; Miss McNeill, 505 Sherbourne street, Toronto; Miss E. Jamieson, 105 Macpherson avenue, Toronto; Miss J. Wardell, 171 Delaware avenue, Toronto; Miss Irvine, 9 Pembroke street, Toronto. Standing Committees—Legislation, Convener, Miss J. Wardell; Revision of Constitution and By-laws, Convener, Miss M. Kennedy; Publication, Convener, Miss J. Stewart. Representatives to "Canadian Nurse" Editorial Board, Miss A. J. Scott, Miss Jewison; Representatives to Local Council, Misses Neilson, Wardell, Irvine and Smith.

SPECIAL NOTICE.

The Executive of the Graduate Nurses' Association of Ontario decided at their last meeting to withdraw the names of those members who were in arrears for fees for over one year, and should be dropped from the roll.

MARY GRAY,
Treasurer G.N.A.O.

The Executive Committee of the G. N. A. O. met at the Residence, Hospital for Sick Children, on Friday, January 28th, at 8 p.m. The members present were: Misses Brent, Matheson, Neilson, Gray, Kennedy, Greene and Stewart. Mrs. Currie not being able to be present, Miss Brent was asked to take the chair, and the routine business was proceeded with.

The Secretary reported that, acting in accordance with a suggestion from the Local Council of Women, a circular letter had been sent to each candidate for the Board of Education, asking their views on the subject of medical inspection of Public Schools. Favorable replies were received from nearly all of these so that there is evidently a majority on the Board in favor of this needed measure. The resignation, owing to ill-health, of the President, Mrs. Currie, was then placed before the Executive, and was received with much regret. Both Vice-Presidents living out of town it was impossible to depend on either of them to fill the vacancy, and it was decided to ask Mrs. Mill Pellatt to come to our assistance, to which she has most kindly consented to do.

A letter was read from the Secretary of the Local Council of Women asking the opinion of this Association regarding a resolution passed by the Cana-

dian Household Economic Association, to the effect that the women of Canada memoralize the Government to make and enforce more stringent immigration laws, especially in regard to medical inspection of immigrants and in the matter of their support after coming to the country. The proposed changes meeting with the approval of the Committee, the Corresponding Secretary, Miss Greene, was asked to communicate with the Secretary of the Local Council, assuring her of our sympathy and support in the matter.

The Treasurer, Miss Gray, reported that forty-seven names are being removed from the roll for non-payment of fees. This is a matter of great regret to the Executive, and we feel that in many cases it may be due to the fact that we have not the correct address of many to whom notice has been sent. Members are again urged to report changes of address to the Treasurer, Miss Mary Gray, 505 Sherbourne street, or to the Recording Secretary, Miss Julia Stewart, 12 Selby street.

Some changes being necessary in the constitution the Convener of the Committee of Revision of Constitution and By-laws, Miss Kennedy, was asked to prepare a list of the proposed changes and submit it to the Executive at its next meeting.

Arrangements for the Annual Meeting were then taken up. Miss Brent stated that the Canadian Society of Superintendents of Training Schools will hold its Annual Meeting May 25th and 26th, so that the G. N. A. O. Meeting will be on May 24th, and a good programme is in process of preparation. The demonstrations last year being most interesting, it is hoped to have more time to devote to that this year. It is hoped that Mrs. Hampton Robb, of Cleveland, will give a paper at a joint meeting of the societies, and all who have heard her will be glad to do so again. The Executive Committee hope to be able to publish the programme in April. The meeting then adjourned until Feb. 25th.

N.B.—Application blanks for membership in the G. N. A. O. may be had by writing the Recording Secretary, Miss Julia Stewart, 12 Selby street.

The regular monthly meeting of the Central Registry Committee was held at Mrs. Downey's, 554 College street, Toronto, on Monday, the 10th January, at 8 p.m., six members being present. The meeting was held a week later than usual, owing to so many of the nurses being away during the holidays. In the absence of the Convener, Miss Ewing took the chair. The Minutes of the last meeting were read and adopted.

Treasurer's Report.

Registry calls	110
Personal calls	44
Hourly calls	2
Total	156

Financial Statement.

Balance last Statement	$1,090.05
December Receipts, Fees	155.00
Disbursements	134.45

CLEANSE THE BLOOD AND KEEP IT CIRCULATING

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The phagocytes are the scavengers of the blood, but unless the affected part receives the full amount of the normal flow with its opsonins, resisting power is lost. In pneumonia it is necessary to either increase the opsonic index of the blood, so that the small amount reaching the congested lungs may be of normal opsonic value, or dilate the vessels and let the blood freely circulate, carring the phagocytes into the lungs.

Heat is the best dilater of the blood-vessels, and an antiseptic poultice is the best agent for conveying moist heat.

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In pneumonia, Antiphlogistine should be applied hot and thick over the thoracic walls (front, sides and back) and covered with a cotton-lined cheese cloth jacket.

Bronchitis, Pleurisy and Croup have a determined antagonist in Antiplogistine. It must always be applied at least ⅛ inch thick, and as hot as can be borne comfortably.

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Balance.	
Savings Account	$760.19
Current Account	350.41
Total	$1,110.60

The Treasurer reported the Registry exceedingly busy during the Christmas holidays and very difficult to obtain nurses, of which the doctors complained very much. Six new applications were presented and accepted.

The Registry Committee regret very much to hear complaints of discourteousness to the Registrar and insubordination to the rules of the Registry. The Committee wish the Registry to be run on a purely business basis, but until we have the assistance of the nurses, by carrying out the rules, it is impossible. We would wish the nurses to know that they are all treated alike.

Re nurses enquiring where they stand on the list: The Registrar has been requested to ring up nurses who are first, second or third on call and so avoid any unnecessary telephoning to the Registry.

In closing the Committee again beg the assistance of the nurses by strictly adhering to the rules and regulations, and if at any time there are complaints let them be made in writing. We also ask the nurses to pay special attention to Article X.

All of which is respectfully submitted.

M. L. BARNARD, Secretary.

P.S.—The Registry Committee would be greatly obliged if the Secretary of each Alumnae Association would officially notify the Registrar of any change in their Registry representatives.

M. L. BARNARD, Secretary.

CORRESPONDENCE

To the Editor of The Canadian Nurse:

Dear Madam,—I desire information on some points on nursing ethics. Can you tell me (1) where I can get a history of training schools in Canada? Where the first school was; when and how established, and its progress up to present time?

(2) Also kindly tell me if there is a course of study and syllabus for the guidance of training school work here in Ontario, similar to that issued by the Regents of New York State Board of Education.

(3) Does my R. N. taken two years ago by writing on the State Board Examination of New York count me an R. N. in Ontario?

I trust you may not find my numerous questions too tedious to answer. Believe me, I shall appreciate any information very much.

(4) Why does not the "Canadian Nurse" have a question drawer?

Very sincerely,

Ontario. SUPERINTENDENT.

(1) The address of Miss Meiklejohn on this subject at Ottawa before the

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(2) No; but we have published a good many outlines.

(3) No.

(4) We do. All we need is questions. Please send us questions every month, and ask all your friends to do so.

Thank you very much for your interesting letter. [ED.]

From a Canadian nurse abroad, extract from letter:—"Enclosed find my yearly subscription to the 'Canadian Nurse,' and I wish to congratulate you upon its continued success. Perhaps those of us that are so far away from our Alma Mater and hungry for news of it, appreciate this magazine more than do the nurses who are nearer home. I am taking five nursing journals at the present time, and while they are all good, I must confess that I have the warmest spot in my heart for our own 'Canadian Nurse.' Was it not lovely about Miss Snively. I am more than delighted. Twenty-five years is a great record and we are so proud of it and of Miss Snively."

To the Editor The Canadian Nurse:—Dear Madam,—When the January journal fell into the hands of this whining, pining nurse who was struggling with her too emphatic lymphatics and an attack of the popular "itis" (popular, I warrant, only with those who have not got it) the world suddenly seemed so cheerfully and charmingly "full of a number of things" that I felt myself joining in the throng of those who "should all be as happy as kings." Not knowing Miss Norcross to thank her, I feel you should, as the instrument of blessing, have my vote of thanks for her story of her Loggers' Hospital. Her voice seems to me to be the "something" that we are assured sings in the mud and scum of things. Never before have I so fully appreciated the medicinal effects of the merry heart as when I read her gleanings of humor and laughed with them so hard that all these tight glands stretched and strained and creaked and betrayed the fact that after all they could move if need be. Since then I have been very high handed with them, owing to the consideration that a laugh cost nothing (?) and a masseuse cost $2. The whole Nurse is spelndid, but that is its happy usual.—Cordially yours, M. E. B. whole Nurse is splendid, but that is its happy usual.

Cordially yours, M. E. B.

Boston City Hospital, where one of our staff recently visited at Christmas, is a beautiful large hospital, and the wards all looked so nice on Christmas with the decorations and in some of them Christmas trees. The patients were all made as happy as possible with a gift and as much Christmas cheer as their condition would permit. Miss Drown is slowly recovering from a long, severe illness and is able to sit up a short time each day. At the Convalescent Home the patients were having a very happy time around a Christmas tree, and Santa Claus distributing gifts. It is such a nice place and in an ideal situation. It must be a most beautiful place in summer.

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HOSPITALS AND NURSES

Mrs. Ed. Snowdon, of Huron, has donated two pillows to the hospital at Kincardine.

Miss Thompson, Winnipeg graduate, reached Fernie on December 16th, and is working in the hospital.

Kincardine Council, C. O. C. F., has contributed $25 and will probably decide to endow a cot in the new hospital.

Miss Tracey, also a staff nurse in the Fernie General, left for Maple Creek to take charge of the hospital in that burg.

Miss Loyd, who was one of the staff nurses of the Fernie General Hospital, left for Winnipeg and will do private work in that city.

Miss L. Phillips, Lady Superintendent of the Sick Babies' Hospital, Montreal, is spending a few days with her relations in Watertown, Ont.

Miss M. J. Byers, graduate of the Royal Alexandria Hospital, Fergus, Ont. (Class '07), has accepted a position in the Moore Overton Hospital, Binghamton, N.Y.

Miss E. MacKnight, who had charge of Dr. Kingstone's private hospital in Grand Forks, B.C., is now having a well earned rest and visiting her mother in Thinga, Manitoba.

In a communication to the Treasurer of Kincardine Hospital, Mrs. Elwood, of Grand Forks, North Dakota, sent the sum of $5 towards the hospital (her second donation), desiring to help on the good work.

The Ladies' Auxiliary for Kincardine Hospital are desirous of acquainting any parties who would like to contribute feathers for hospital pillows that they will be pleased to furnish the ticks for them.

Mrs. Geo. Clode, who has been a staff nurse in the Fernie General Hospital, left on December 15th for Nuchil, B.C. Mrs. Clode has been employed by Drs. Bonnell and Corsan for over three years, and they regretted losing such a capable nurse. Fernie's loss is certainly Nuchil's gain.

The Edmonton Association of Graduate Nurses held their Annual Meeting in the reading room of the Y. M. C. A. on January 12, 1910, at which the following officers were elected: President, Mrs. Kneil; First Vice-President, Miss Mitchell; Second Vice-President, Mrs. Lee; Treasurer, Miss Morkin; Secretary, Mrs. Mason. During the year eleven new members have been added to our list.

At the Annual Meeting of the Alumnae Association of the Hamilton City Hospital the following officers were appointed: President, Miss Barbara Simpson, 69 Hughson street north; Vice-President, Miss Lucy Watson, 87 Victoria avenue south; Secretary, Miss Bessie Street, 200 Hughson street north; Recording Secretary, Mrs. Reynolds, 87 Victoria avenue south; Treasuer, Miss Hannah, Hamilton City Hospital; Press Correspondent, Miss Ida J. Ainslie, 57 Bay street south.

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Miss O'Shaughnessy, of Port Arthur, is spending the winter at her home in Peterboro.

Miss M. Doran left for her home in Pembroke, where she will spend a short holiday before beginning private nursing.

Miss J. Claffy, after spending a short holiday with her friends in Ottawa, is now doing private nursing in that city.

At the December meeting of the V. G. N. A. it was decided to place the Graduates Nurses' Registry with Mrs. Fraser, Graduate Nurse, in charge of the Nurses' Home. The Home will in future be known as the "Nurses' Club."

The third annual graduation of nurses took place at St. Joseph's Hospital, Port Arthur, December 3, 1909. Those present were the Sisters and nurses of the institution, the doctors of the staff, and Rev. Fathers Grenier and Caisse. The graduates were Sister Seraphine, of St. Joseph's Community; Miss Jessie Claffy, of Ottawa; Miss Mabel Doran, of Pembroke; Miss Rose Mullan, of Port Arthur.

The Annual Meeting of the Vancouver Graduate Nurses' Association was held at the Nurses' Club, Wednesday, January 5, 1910. The following officers were elected: President, Mrs. Salsbury (re-elected); First VicePresident, Miss Hall; Second Vice-President, Miss Hancock; Treasurer, Miss Black; Secretary, Miss Judge (re-elected). The Secretary's report showed a membership roll of 25 resident members for the year 1909.

The St. Catharines General and Marine Hospital staff are happy over the thought of a new wing before very long. Mrs. Hamilton, formerly Miss Hollingworth, we miss from our midst, but we glad to know she is so happy in her married life. The Nurses' Home at the G. and M., St. Catharines, is to be enlarged and improved. The new operating room equipment is first class, so is our steam table in the diet kitchen. Miss Wren, our new superintendent, is already very popular. Our staff doctors at the G. and M., St. Catharines, are giving the nurses splendid lectures again this year. The "Canadian Nurse" is read by us all and much enjoyed.

The year of 1909 has been a growing one for the Orillia General Hospital. The number of patients handled in the hospital is more than double that of last year, and the hospital itself has increased from 28 beds to 33. This crowding necessitated more accommodation, so a small nine-roomed house was secured adjoining the grounds and is used for a Nurses' Home. The Woman's Auxiliary has been most energetic throughout the year. Besides renewing in the hospital the ordinary wear and tear, they bought new supplies of linen and beds for the extra wards; expended $500.00 improving the grounds in June; collected $1,300.00 from the town in October; in November they raised $50.00 selling flowers for Mothers' Day, and $100.00 in December by an Assembly. They gave the Board of Managers $1,000.00 to make the first payment on the Nurses' Home and set aside $200.00 more to furnish it. Altogether the year has been a busy one, but much can be done when the members of a society work together in harmony encouraged by such a matron as Miss Johnstone.

—Secretary.

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